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TITLE: Dietary Heterocyclic Amines and Polymorphic Variants in the Etiology of Prostate Cancer

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14. ABSTRACT This project is exploring the hypothesis that higher intake of dietary heterocyclic amines is associated with elevated risk of prostate cancer. It is also exploring the potential that polymorphic variation in key metabolism genes may affect risk. The project is using epidemiological method to conduct a case-control study. Progress through-out the first year has been to finalize methods, hire and train staff and finalize field work procedures. Pilot testing of the proposed methods has been completed. The main field for the project will begin in 2006, once final ethics approval has been received.					
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INTRODUCTION

The etiology of prostate cancer is currently unclear. There is evidence to support a link to variation in androgen metabolism. However, the role of other environmental factors is controversial. Epidemiological studies have shown an increased risk in men who eats large amounts of meat. We hypothesize that this may be related to the method of cooking the meat: cooking meat at high temperatures produces heterocyclic amines, exposure to which has been shown to cause prostate cancer in rodent models. Since these chemicals require metabolic activation to become carcinogenic, we further hypothesize that variation in key metabolic enzymes will modify the risk associated with dietary intake. We are undertaking a case-control study of 400 men with prostate cancer and 400 men without prostate cancer. All men will complete a self-administered diet questionnaire and a one hour interview; they will provide a blood or saliva samples for DNA extraction. Laboratory analyses will be conducted to genotype all subjects on a range of 17 polymorphic variants.

BODY

The tasks assigned in the first year of this epidemiological study were mainly related to finalizing the protocol and field work procedures, pilot testing study methods and questionnaires and hiring and training staff. None of the proposed tasks led to research results which would have been suitable for publication or presentation at scientific meetings. The official start of the project was April 1, 2005 when the first project coordinator was hired.

The project ran into unanticipated difficulties in September due a severe staffing crisis precipitated by one of the staff hired to the project. This crisis took nearly two months to resolve during which time progress was limited. The ultimate resolution of this crisis was the departure from the project of two of the three project staff. These staff were replaced with new employees who began work in January, 2006. It was necessary to re-do many of the administrative protocols and re-develop many of the field work methods. This delayed obtaining final IRB approval, and, unfortunately, led to a significant delay in progress towards the final targets. Further details on this will be provided in the 2006 Annual Report (by which time field work should be nearing completion). This information is provided here as context to the discussion of the SOP time line which will follow. I have also included some supplemental information about progress in the first six months of 2006 in order to document our attempts to move the project closer to the SOP time line.

Task #1: Develop study protocols, questionnaires, recruitment procedures, etc. (Months 1-6)

- a) *The study coordinator will be hired (Month 1). (S)he will hire the interviewers.* The study coordinator was hired April 1, 2005. Unfortunately, she had to be replaced in December, 2005. The initial interviewers were hired in July, 2005.
- b) *The questionnaires will be finalized and translated into French;* The questionnaires were finalized in November, 2005 (see Appendix material). However, we could not finalize the French translation until after IRB approval had been received for the final English version (in March 2006). The final French versions of the questionnaires were approved in June, 2006.

- c) *The recruitment strategy will be tested in Month 4 when we will use the system to identify subjects for a pilot study.* The pilot study took place on schedule. The initial group of cases was recruited in July and August. The case recruitment protocol worked successfully.
- d) *The interviewers will be trained in the interview procedures. In Month 4, we will complete a pilot study using study procedures, including blood collection.* The initial interviewer training took place in August, 2005. The initial plan for blood collection (using the interviewers) had to be modified since we were unable to recruit interviewers who were legally qualified to collect blood samples. The revised blood collection protocol (based on a dedicated laboratory technologist) was tested in September and worked well.
- e) *The control selection methods will have been developed, including the sampling frame and a schedule for mailings to meet recruitment and matching targets.* Control recruitment was also tested in summer, 2005 but the proposed strategy was not successful (imposing very high work load requirements to recruit subjects). A modified version was tested in October but results were also not acceptable. A third version was tested in spring, 2006 (delayed due to the personnel issue mentioned above) and has proven to be satisfactory. The new protocol (based on a modified random digit dialing) is currently being implemented to meet recruitment and matching targets.
- f) *All field work procedures will be finalized and operational by the end of Month 5.* All case recruitment procedures were finalized by the end of August, 2005. Control recruitment procedures were not finalized until spring, 2006. Administrative procedures in the research office required major revision in January, 2006 but were finalized by the end of February 2006.
- g) *The primary study data base will be prepared and ready for use by the end of Month 6.* A version of the primary data base was developed by the end of 2005. It has undergone two major revisions since then. However, all of the study databases are now fully operational.

Task #2: Recruit 400 men with prostate cancer and 400 men without prostate cancer. Complete interviews on all of the subjects (Months 5-19).

- a) *Case recruitment will be implemented and monitored to ensure we are identifying at least 35 new cases per month.* The start of case recruitment was delayed until April, 2006 due to the major staffing issues mentioned above, complicated by delays in obtaining final IRB clearance from the HSRRB. The case recruitment protocol has been implemented to cover the period from August, 2005 to the present. For the five months of 2005, we were successful in meeting the target although interview were largely delayed until spring, 2006.
- b) *The control recruitment strategy will be implemented with a recruitment rate of 35 cases per month.* As noted above, development of the control recruitment protocol was more difficult than anticipated. The final protocol was still undergoing revision at the end of 2005.
- c) *After six months of recruitment (Month 11), the recruitment success will be evaluated and adjustments to the process made as required.* As already noted, the start of recruitment was delayed until month 12. As a result, no report on this SOP task can be provided for 2005.

- d) *Interviews will be completed within one month of recruitment. The coordinator will monitor compliance with this target on a monthly basis. The main study interviewing had not started in 2005 so no comments are possible on this SOP task.*
- e) *All interviews will have been completed by the end Month 19. Still pending.*

Comments On Progress In The First Six Months Of 2006

As already noted, the original timeline required substantial revision due to serious personnel issues. The main field work for the project began in late April, 2006 following the receipt of final IRB approvals. A detailed report on the field work will be included in the 2006 Annual report. However, the following information is included as additional material in the 2005 report in order to document our progress on the SOP task.

- a) *Case recruitment will be implemented and monitored to ensure we are identifying at least 35 new cases per month. The start of case recruitment was delayed until April, 2006 due to the major staffing issues mentioned above, complicated by delays in obtaining final IRB clearance from the HSRRB. Case recruitment covers the period from August, 2005 to the present. Over that time period (10 months), we have identified about 600 candidate cases (about 60 new candidate cases per month). This is producing about 35-40 recruited subjects for each month of recruitment. We are on target to complete case recruitment by around January, 2007 (month 21).*
- b) *The control recruitment strategy will be implemented with a recruitment rate of 35 cases per month. As noted above, development of the control recruitment protocol was more difficult than anticipated. The current protocol will be generating control subjects at a rate of about 80 per month in order to ensure that the final sample targets are met by the end of 2006. We now have three staff working exclusively on control recruitment.*
- c) *After six months of recruitment (Month 11), the recruitment success will be evaluated and adjustments to the process made as required. We have been undertaking a monthly review of the recruitment process. The only major adjustments required have been to the control recruitment protocol. We are currently achieving our targets for cases and anticipate that control targets will be met shortly.*
- d) *Interviews will be completed within one month of recruitment. The coordinator will monitor compliance with this target on a monthly basis. Once we received IRB approval, most interviews are being completed within two weeks of being assigned to the interviewer. Numerical details will be provided in the 2006 annual report since this task relates to operations in 2006, not 2005.*
- e) *All interviews will have been completed by the end Month 19. Still pending.*

Task #3: PSA testing will be completed on controls within two weeks of collecting the sample. We expect to test around 450 people. (Months 5-19).

Our local IRB refused to approve PSA testing on our control subjects (September, 2004). Despite multiple attempts to change the opinion of the IRB, they refused to authorize this component of the project. This was brought to the attention of the HSRRB in 2004. As a result, this PSA testing component was dropped from the protocol. We have retained a question in the interview which obtain a record of any PSA tests which were done in the five years prior to interview.

Task #4: Conduct the calibration sub-study by collecting urine sample on 50 cases and 50 controls (Months 5-21).

Finally design and implementation of the calibration study have been deferred until 2006. Three main factors have contributed to this decision. First, personnel issues required that we focus our efforts on implementing the primary study protocol before developing the calibration protocol. Second, discussion of the proposed urine collection protocol identified a number of significant problems, including the difficulty and cost of 24 hour urine collection and the issue about the appropriateness of urinary metabolites as markers of dietary intake. Third, the rise in the value of the Canadian dollar has had a major impact on the available budget; priority has been assigned to completing the primary study interviews.

It was decided that the calibration study would rely on protein adducts of the key heterocyclic amines. By the end of 2005, the detailed protocol for this component of the study was still under development.

Task #5: Extract DNA from blood samples and complete genotyping of all samples (Months 7-22)

- a) *DNA will be extracted from each blood sample within two weeks of collecting the sample.* This target was met for the pilot samples. In fact, the new field work protocol ensures that all blood sample processing will be completed within 6 hours of sample collection.
- b) *Genotyping will be performed in batches of 400 samples. The first genotyping will be completed by Month 13. Final genotyping will be completed by Month 22.* We have undertaken preliminary genotyping to test protocols, etc. However, this task is not relevant for the 2005 Annual Report.

Task #6: Enter all data into the study data base and perform data editing and verification (Months 7-22)

We have tested all data entry procedures. Two main databases have been created. The first maintains a tracking record of all candidate cases, identified only by an anonymous tracking ID. The second contains all of the study materials on eligible subjects, with subjects identified by the assigned study ID. The data procedures have been tested using the pilot data. Further effort on this task relates mainly to activities to take place in 2006.

Task #7: Convert food and cooking information into nutrient and heterocyclic amine levels (Months 12-22)

This task is not relevant for the 2005 Annual Report. However, we have developed analysis protocols to undertake these tasks for another project. These methods will have direct application to the current study and will be reported on in more detail in the 2006 annual report.

Task #8: Final analyses and preparation of scientific reports (Months 18-26)

No data analyses nor scientific reports were possible in 2005 since the main field work had not yet started.

KEY RESEARCH ACCOMPLISHMENTS

In the first year of an epidemiological study, the scientific accomplishments are usually limited. Unlike laboratory based research, the initial phases of epidemiological research do not involve publishable work but rather reflect the need to develop protocols and methods of data collection. The key accomplishment of the first year of this project is that we are ready to begin field work despite a serious problem with staffing in the fall of 2005. The following tasks were completed:

- Development of all study protocols and field work methods;
- Hiring of staff;
- Pilot testing of field work methods;
- Development of databases

REPORTABLE OUTCOMES

As noted above, the stage of the research is too early to have produced significant scientific outcomes. We have produced detailed study databases which would be considered a reportable outcome (although one of limited interest except to the study staff). We have attached copies of the final study questionnaires as Appendices to this Annual Report.

As a result of this funding, I am collaborating with colleagues to extend the project into a follow-up of the case group to determine outcomes. We propose to use the archived blood samples to search for biomarkers which are predictive of treatment response and prognosis.

CONCLUSION

The project has now reached the point at which major progress on subject recruitment and interviewing will begin to occur. No scientific results are yet available, nor were they expected by the end of 2005. Most of my conclusions will relate to process issues.

- Case recruitment based on review of pathology records can function smoothly.
- Control recruitment has, on the other hand, proved to be more difficult than expected (this is counter to accepted epidemiological teaching). The current legislative environment to enhance privacy has imposed a serious problem in finding suitable control subjects. Control recruitment has essentially been reduced to one strategy: Random Digit Dialling. Standard approaches to random digit dialling are very resource demanding. We had to develop a modified method (in which we use the telephone number of each new case as the base to generate the candidate control telephone numbers).
- Some problems have been encountered, most of which were not foreseeable. The hiring of the initial project coordinator created a work environment which impeded smooth progress. Unfortunately, this situation was made worse when a second staff was hired who rapidly developed a serious personal aversion to working with the coordinator. This dysfunctional team impeded progress. The situation came to a head in September, 2005 but required a further two months to resolve (when both of the staff declined to renew their contracts) and a further two months to find replacement staff. The new staff are working very effectively and form a strong team. Unfortunately, considerable disruption in the project timeline and planning resulted from the staffing problems which are still causing problems.

- Issues in currency conversion can have a profound impact on study viability. Since we developed our initial proposal, the Canadian dollar has risen in value by 20%. Even though I assumed some increase in value when I developed the budget, the increase has been much higher than anticipated and has reduced the available budget by about 10%. This has had a major impact on the resources available for the project. It might be helpful in the future for the funding agency to consider an award process which would include some protection from currency fluctuations.

APPENDICES

- 1) Self-administered Questionnaire
- 2) Interviewer administered questionnaire

OFFICE USE ONLY:

Study ID: S4. _____

Interviewer ID: _____

Date Returned: _____
DD MM YYYY

Date Checked: _____
DD MM YYYY

Date Entered: _____
DD MM YYYY

Date Verified: _____
DD MM YYYY

Prostate Cancer Etiology Study

INSTRUCTIONS

Thank you for taking part in this study. The first part of the questionnaire asks about your usual diet **ten years ago**. When you answer these questions, think back about where you worked and lived, what your usual leisure activities were, and whether you generally packed your lunch or ate out a lot. This will help you remember what your usual diet was like **ten years ago**. The second part of the questionnaire asks about your work, substances you may have been exposed to, and your physical activity level. The whole questionnaire will take about 60 minutes to complete.

Most of the questions are answered by placing a clear mark (✓ or X) in the box which is your answer. Some questions will require you to print short answers. Please use the pencil provided to complete the questionnaire. This way, if you make a mistake, you can erase it and print the correct answer.

We know that it is hard to think back in time, but your best estimate is better than leaving a question blank. Remember that all your information will remain strictly confidential.

FOR FURTHER INFORMATION, CONTACT US AT:

Prostate Cancer Etiology Study
Room 1114, Department of Epidemiology and Community Medicine,
University of Ottawa, 451 Smyth Road, Ottawa, Ontario, K1H 8M5
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First, we need to ask about vitamins, minerals and other supplements you may have taken.

1. Ten years ago, did you take any multivitamins?

☐ yes, fairly regularly ☐ yes, but not regularly ☐ no

(Go to Question 2)

If YES, please complete this Table.

How many multivitamin tablets did you take 10 years ago?								
Multivitamins (e.g. One-a-Day or Centrum-type). Answer for up to two most frequently used.	none or less than 1 per week	1-3 per week	4-6 per week	1 per day	2 per day	3 per day	4 per day	5+ per day
print name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
print name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Ten years ago, did you take vitamins or minerals that were NOT part of a multivitamin?

☐ yes, fairly regularly ☐ yes, but not regularly ☐ no

(Go to Question 5)

If YES, please complete this Table.

How many vitamin or mineral tablets did you take 10 years ago?								
Vitamins or Minerals taken that were NOT part of a multivitamin	none or less than 1 per week	1-3 per week	4-6 per week	1 per day	2 per day	3 per day	4 per day	5+ per day
Beta-carotene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-complex vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium supplements or calcium containing antacids (e.g. Tums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin D on its own or as part of a calcium supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Ten years ago, what was the strength of your Vitamin E tablet?

- | | | |
|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> 100 IU | <input type="checkbox"/> 400 IU | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> 200 IU | <input type="checkbox"/> 1000 IU | <input type="checkbox"/> I did not take vitamin E ten years ago |

4. Ten years ago, what was the strength of your Vitamin C tablet?



- | | | |
|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> 100 mg | <input type="checkbox"/> 500 mg | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> 250 mg | <input type="checkbox"/> 1000 mg | <input type="checkbox"/> I did not take vitamin C ten years ago |

5. Ten years ago, which of these supplements did you take more than once per week? (mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Cod liver oil | <input type="checkbox"/> Garlic | <input type="checkbox"/> Saw palmetto |
| <input type="checkbox"/> Fish oil (Omega-3 fatty acids) | <input type="checkbox"/> Ginseng (American or Asian) | <input type="checkbox"/> St. John's wort |
| <input type="checkbox"/> Folic acid/folate | <input type="checkbox"/> Green tea | <input type="checkbox"/> None of these supplements |



The next questions ask about the way your food was prepared 10 years ago.

6. Ten years ago, what kinds of fat were *most often* used to cook your food (e.g. to fry, stir-fry, saute, etc.)? (mark only one or two)

- ☐ fat was not used to cook my food 
- ☐ I don't know  **Go to Question 7**

- | | | |
|---|---|---|
| <input type="checkbox"/> Butter | <input type="checkbox"/> Olive oil | <input type="checkbox"/> Lard, fatback, bacon fat |
| <input type="checkbox"/> Soft tub margarine | <input type="checkbox"/> Canola oil | <input type="checkbox"/> Non-stick spray (e.g. PAM) |
| <input type="checkbox"/> Block or stick margarine | <input type="checkbox"/> Corn oil | <input type="checkbox"/> Other fat |
| <input type="checkbox"/> Low calorie margarine | <input type="checkbox"/> Sunflower oil | |
| <input type="checkbox"/> Shortening (e.g. Crisco) | <input type="checkbox"/> Other vegetable oils | |

7. Ten years ago, what kinds of fat were *most often* put on your vegetables, potatoes, bread, etc., after cooking or at the table? (mark only one or two)

- ☐ fat was not put on my food 
- ☐ I don't know  **Go to Question 8**

- | | | |
|---|---|---|
| <input type="checkbox"/> Butter | <input type="checkbox"/> Olive oil | <input type="checkbox"/> Lard, fatback, bacon fat |
| <input type="checkbox"/> Soft tub margarine | <input type="checkbox"/> Canola oil | <input type="checkbox"/> Non-stick spray (e.g. PAM) |
| <input type="checkbox"/> Block or stick margarine | <input type="checkbox"/> Corn oil | <input type="checkbox"/> Other fat |
| <input type="checkbox"/> Low calorie margarine | <input type="checkbox"/> Sunflower oil | |
| <input type="checkbox"/> Shortening (e.g. Crisco) | <input type="checkbox"/> Other vegetable oils | |

8. Ten years ago, how often did you eat a low-fat or non-fat version of these foods?

Cheese	<input type="checkbox"/> Often/always low-fat	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/never low-fat	<input type="checkbox"/> Didn't eat it
Yogurt	<input type="checkbox"/> Often/always low-fat	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/never low-fat	<input type="checkbox"/> Didn't eat it
Salad dressing	<input type="checkbox"/> Often/always low-fat	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/never low-fat	<input type="checkbox"/> Didn't eat it
Ice cream	<input type="checkbox"/> Often/always low-fat	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/never low-fat	<input type="checkbox"/> Didn't eat it

9. Ten years ago.....

How often did you add salt to your food?

☐ Often/Always ☐ Sometimes ☐ Rarely/never

How often did you add pepper to your food?

☐ Often/Always ☐ Sometimes ☐ Rarely/never

How often was your chicken cooked with its skin?

☐ Often/Always ☐ Sometimes ☐ Rarely/never ☐ Didn't eat chicken

How often did you eat the skin on chicken?

☐ Often/Always ☐ Sometimes ☐ Rarely/never ☐ Didn't eat chicken

How often did you eat the fat on meat?

☐ Often/Always ☐ Sometimes ☐ Rarely/never ☐ Didn't eat meat

10. Ten years ago, about how often did you eat the following foods from restaurants or carry-outs/take-outs? Remember to think about all meals (breakfast, lunch, dinner and snacks).

Number of Visits Ten Years Ago							
Restaurant Food	never	1-4 times per year	5-11 times per year	1-3 times per month	once a week	2-4 times per week	almost every day
Fried Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mexican Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. This section asks about your *usual* eating habits ten years ago.

FIRST: Mark (✓ or ✗) the column to show how often, on average, you ate the food ten years ago. Please DO NOT SKIP any foods. If you never ate a food, mark the “never or less than once per month” column. Please BE CAREFUL which column you put your mark in.

SECOND: Mark whether your usual serving size was small (S), medium (M) or large (L). The medium serving size is provided for each food. A small serving is about one-half the medium serving or less. A large serving is about one-and-a-half times the medium serving or more.

If you NEVER ate the food or you ate the food less than once per month, DO NOT complete the serving size.

EXAMPLE

Ten years ago, Hank drank orange juice once a day, about 1 ½ glasses each time. He ate white bread less than once per month.

This is how Hank would complete his Table.

TEN YEARS AGO...	HOW OFTEN									HOW MUCH			
TYPE OF FOOD	never or less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving	Your Serving Size		
											S	M	L
Orange juice or grapefruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8 oz. glass	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
White bread (including sandwiches, bagels, burger rolls, French or Italian bread)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOW TURN THE PAGE AND COMPLETE YOUR TABLE

TEN YEARS AGO...	HOW OFTEN									HOW MUCH			
TYPE OF FOOD	never or less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving	Your Serving Size		
											S	M	L
FRUITS AND JUICES													
Apples, applesauce, pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or ½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches, apricots (fresh or canned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or ½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantaloupe (in season)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/4 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantaloupe (rest of year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/4 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watermelon (in season)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries (in season)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapefruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange juice or grapefruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 ounce glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit drinks with added vitamin C, such as Hi-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 ounce glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other fruit, including berries, fruit cocktail, grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKFAST FOODS													
High fiber, bran or granola cereals, shredded wheat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cold cereals, such as corn flakes, Rice Krispies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked cereal, or grits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk on cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar added to cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 teasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 patties or links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEN YEARS AGO...	HOW OFTEN									HOW MUCH			
TYPE OF FOOD	never or less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving	Your Serving Size		
											S	M	L
VEGETABLES													
String Beans, green beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chili with beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other beans such as baked beans, pintos, kidney, limas and lentils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tofu and foods with soya or vegetable proteins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter squash/baked squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes, tomato juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or 6 oz. glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red chili sauce, taco sauce, salsa picante	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 tablesp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower or Brussels sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach (raw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach (cooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mustard greens, turnip greens, collards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cole slaw, cabbage, sauerkraut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots, or mixed vegetables containing carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green, red, yellow sweet peppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular salad dressing & mayonnaise, including on sandwiches or in potato salad, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 tablesp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French fries and fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet potatoes, yams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEN YEARS AGO...	HOW OFTEN									HOW MUCH			
TYPE OF FOOD	never or less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving	Your Serving Size		
											S	M	L
VEGETABLES (continued)													
Other potatoes, including boiled, baked, mashed & potato salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or ½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other vegetable, including cooked onions, summer squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter, margarine or other fat added to vegetables, potatoes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 teasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEAT, FISH, POULTRY, LUNCH ITEMS													
Hamburgers, cheeseburgers, meatloaf, beef burritos, tacos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or 4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef (steaks, roasts, etc., including sandwiches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef stew or pot pie with carrots or other vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver, including chicken livers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork, including chops, roasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 chops or 4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other meats (veal, lamb, game, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 small or 1 large piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken or turkey other than fried (including on sandwiches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 small or 1 large piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried fish or fish sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 ounces or 1 sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuna, tuna salad, tuna casserole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oysters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 pieces, ¼ cup or 3 oz.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell fish, (shrimp, crab, lobster, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 pieces, ¼ cup or 3 oz.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fish (broiled or baked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 pieces or 4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spaghetti, lasagna, other pasta with tomato sauce.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEN YEARS AGO...	HOW OFTEN									HOW MUCH			
TYPE OF FOOD	never or less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving	Your Serving Size		
											S	M	L
MEAT, FISH, POULTRY, LUNCH ITEMS (continued)													
Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed dishes with cheese (such as macaroni and cheese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liverwurst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 hot dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ham, bologna, salami and other lunch meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices or 2 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable and tomato soups, including vegetable beef, minestrone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other soups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREADS, SNACKS, SPREADS													
Biscuits, muffins, (including fast foods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White bread (including sandwiches, bagels, burger rolls, French or Italian bread)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark bread, such as wheat, rye, pumpernickel, (including sandwiches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn bread, corn muffins, corn tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salty snacks, such as potato chips, corn chips, popcorn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 handfuls or 1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanuts, peanut butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 tablesp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margarine on bread or rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 teasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter on bread or rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 teasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravies made with meat drippings, or white sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 tablesp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAIRY PRODUCTS (excluding milk drinks)													
Cottage cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cheeses and cheese spreads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices or 2 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flavored yogurt, frozen yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEN YEARS AGO...	HOW OFTEN									HOW MUCH			
TYPE OF FOOD	never or less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving	Your Serving Size		
											S	M	L
SWEETS													
Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 scoop or ½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doughnuts, cookies, cake, pastry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 piece or 3 cookies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumpkin pie, sweet potato pie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 small bar or 1 oz.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other candy, jelly, honey, brown sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 pieces or 1 tablesp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUES ON NEXT PAGE...

PLEASE NOTE THE “HOW OFTEN” CATEGORIES HAVE CHANGED!

TEN YEARS AGO...	HOW OFTEN									HOW MUCH			
TYPE OF FOOD	never or less than once per month	1-3 per mon	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Medium Serving	Your Serving Size		
											S	M	L
BEVERAGES													
Whole milk and beverages made with whole milk (not including on cereal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 oz. glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2% milk and beverages made with 2% milk (not including on cereal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 oz. glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skim milk, 1% milk or buttermilk and beverages made with these milks (not including on cereal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 oz. glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soya drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 oz. glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular soft drinks (not diet soda)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 oz can or bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet soft drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 oz can or bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 oz can or bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine or wine coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 shot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee, regular or decaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea (hot or iced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lemon in tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 teasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-dairy creamer in coffee or tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tablesp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cream (real) or Half-and-Half in coffee or tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tablesp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk in coffee or tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tablesp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar in coffee or tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 teasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasses of water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 oz. glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you! You have completed the diet section of the questionnaire. This would be a good time to take a break if you need one.

YOU' RE A L MOST D ONE!

This part of the questionnaire asks about your primary occupation and pesticides you may have been exposed to in your work or daily life. For these questions, think about your entire life, NOT just ten years ago.

12. Have you ever been employed?

☐ Yes

☐ No

 (Go to Question 13)



If YES, please complete this Table for the occupation you held the LONGEST. The same type of work done for different employers or under different job titles is considered the same occupation.

What occupation did you hold the longest?	What were your duties in this occupation?	How long did you work in this occupation?
<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> Years

13. Have you ever personally applied pesticides to fields, crops, food, livestock or buildings (e.g. herbicides, insecticides, fungicides, fumigants)? Do not include applications to your own lawn, garden, fruit trees or home.

☐ Yes

☐ No

☐ Don't Know



If YES: How many years have you done this task at least once? _____ year(s)

During those years, how many days per year, on average, did you do this task? _____ day(s)/year

14. Have you ever personally applied pesticides to your own lawn, garden, fruit trees, or home (e.g. herbicides, insecticides, fungicides, fumigants)?

☐ Yes

☐ No

☐ Don't Know



If YES: How many years have you done this task at least once? _____ year(s)

During those years, how many days per year, on average, did you do this task? _____ day(s)/year

The last section of the questionnaire asks about the physical activity level of your work and leisure time activities.

15. Let's start with your work. Below is a list of different types of work:

SEDENTARY WORK: most of your time is spent sitting, e.g. office work, etc.

STANDING WORK: most of your time is spent standing or walking without intense physical effort, e.g. shop assistant, barber, etc.

PHYSICAL WORK: involves some physical effort including handling of heavy objects and use of tools, e.g. plumber, carpenter, etc.

HEAVY MANUAL WORK: involves very vigorous physical activity including handling of very heavy objects, e.g. miner, construction worker, etc.

For each decade of your life, print the number of years you worked. Include part-time, contract and seasonal work. If you worked in the decade, indicate if you **USUALLY** worked full-time (FT) or part-time (PT) hours, and mark the **ONE** category which best describes the physical activity level of your work in the decade. Complete all decades relevant for your age.

				Physical Activity Level of Your Work (mark only one per decade)			
Decade of Your Life	Years Worked in Decade	Usual Status		Sedentary Work	Standing Work	Physical Work	Heavy Manual Work
		FT	PT or Less				
Example	<u>9 ½</u> yrs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-29	_____ yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30-39	_____ yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40-49	_____ yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50-59	_____ yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60-69	_____ yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70-79	_____ yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80-89	_____ yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Finally, this question asks about leisure time physical activity, NOT physical activity done as part of your employment or household/outdoor chores.

We are interested in two intensities of physical activity:

STRENUOUS PHYSICAL ACTIVITY: causes your heart to beat rapidly and sweating, e.g. running, vigorous swimming, etc.

MODERATE PHYSICAL ACTIVITY: is not exhausting and causes light perspiration, e.g. fast walking, popular and folk dancing, etc.

For each decade of your life, estimate how many times per week and minutes per session, on average, you spent doing moderate and strenuous leisure time physical activity. Only count physical activity sessions that lasted 10 minutes or longer in duration. Print 0 on the line if you did less than 10 minutes in the activity level. Complete all decades relevant for your age.

Decade of Your Life	Moderate Physical Activity		Strenuous Physical Activity	
	Times Per Week	Minutes Per Session	Times Per Week	Minutes Per Session
Example	<u> 3 </u> time(s)	<u> 60 </u> minutes	<u> 0 </u> time(s)	<u> 0 </u> minutes
20-29	<u> </u> time(s)	<u> </u> minutes	<u> </u> time(s)	<u> </u> minutes
30-39	<u> </u> time(s)	<u> </u> minutes	<u> </u> time(s)	<u> </u> minutes
40-49	<u> </u> time(s)	<u> </u> minutes	<u> </u> time(s)	<u> </u> minutes
50-59	<u> </u> time(s)	<u> </u> minutes	<u> </u> time(s)	<u> </u> minutes
60-69	<u> </u> time(s)	<u> </u> minutes	<u> </u> time(s)	<u> </u> minutes
70-79	<u> </u> time(s)	<u> </u> minutes	<u> </u> time(s)	<u> </u> minutes
80-89	<u> </u> time(s)	<u> </u> minutes	<u> </u> time(s)	<u> </u> minutes

YOU ARE DONE!

Thank you very much for taking the time to complete this questionnaire. Your participation is sincerely appreciated.

Remember.....

- 1. Your interviewer will pick up this questionnaire when she/he meets with you.**
- 2. All your information will remain strictly confidential.**

OFFICE USE ONLY:

Study ID: S4- —

Interviewer ID: | | | |

Date of Interview: | | | |
DD MM YYYY

Time Interview Began: | | | | (hhmm)

Time Interview Ended: | | | | (hhmm)

Interview Outcome Code: | |

Date Checked: | | | |
DD MM YYYY

Date Entered: | | | |
DD MM YYYY

Date Verified: | | | |
DD MM YYYY

Prostate Cancer Etiology Study

PCES

Main Questionnaire

Principal Investigator:

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PCES Research Office: 613-562-5641**

GENERAL INTRODUCTION

In this interview, I will be asking you questions about several areas of your life including medical history, diet, lifestyle, outdoor activity and general information about yourself.

Most of the questions will ask you to think back in time. I realize this can be difficult, but your best estimate is better than no answer.

You can decline to answer any question. I will simply move on to the next question.

Remember that all the information you provide will remain strictly confidential.

Do you have any questions about what is going to happen?

Interviewer answers all questions before proceeding.

SECTION A

To start off, I need to know how old you are.

A1. May I have your date of birth?

|_|_|_|_|_|_|_|
DD MM YYYY

A2. So that would make you _____ years old? Is that right?

☐ Yes ☐ No

If NO, correct the date of birth until the answer is yes.

SECTION B MEDICAL FACTORS

The first series of questions will ask about your height and weight.

B1. How tall are you without shoes?	_____ft. _____in. OR _____cms
B2. What was the most you ever weighed since the age of 20?	_____pounds OR _____kgs
B3. How old were you when you first weighed <weight in previous question>?	_____Years

B4. What was your usual weight when you were in your...?	
a. 20's	_____ pounds OR _____kgs
b. 30's	_____ pounds OR _____kgs
c. 40's	_____ pounds OR _____kgs
d. 50's <input type="checkbox"/> NA	_____ pounds OR _____kgs
e. 60's <input type="checkbox"/> NA	_____ pounds OR _____kgs
f. 70's <input type="checkbox"/> NA	_____ pounds OR _____kgs
g. 80's <input type="checkbox"/> NA	_____ pounds OR _____kgs

ft. in.	5' 2"	5' 4"	5' 6"	5' 8"	5' 10"	6'	6' 2"	6' 4"	6' 6"	6' 8"
cms	157	163	168	173	178	183	188	193	198	203
pounds	120	140	160	180	200	220	240	260	280	300
kilograms	55	64	73	82	91	100	109	118	127	136

Thank you. Now I am going to ask about your medical history. First we will discuss medical conditions diagnosed before **<reference month>**.

B5. Prior to <reference month> , has a doctor ever told you that you had...	B6. When were you first told that you had...
a. high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No	____ Year OR ____ Age
b. high blood cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No	____ Year OR ____ Age
c. diabetes mellitus? <input type="checkbox"/> Yes <input type="checkbox"/> No	____ Year OR ____ Age
d. a chronic liver disease, such as cirrhosis or fibrosis of the liver? <input type="checkbox"/> Yes <input type="checkbox"/> No	____ Year OR ____ Age
e. an enlarged prostate gland? <input type="checkbox"/> Yes <input type="checkbox"/> No	____ Year OR ____ Age
f. blood in your sperm? <input type="checkbox"/> Yes <input type="checkbox"/> No	____ Year OR ____ Age
g. blood in your urine? <input type="checkbox"/> Yes <input type="checkbox"/> No	____ Year OR ____ Age
h. a urinary tract infection? <input type="checkbox"/> Yes <input type="checkbox"/> No	____ Year OR ____ Age
i. inflammation of the prostate? <input type="checkbox"/> Yes <input type="checkbox"/> No	____ Year OR ____ Age

Thank you. Now I am going to ask about medications you took regularly before **<reference month>**. Regularly means two or more times a week for one month or longer.

B7. Prior to <reference month> , have you ever regularly taken...	B8. When was the first time you regularly used...	B9. When was the last time you regularly used...
a. Aspirin or ASA? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use
b. Tylenol or acetaminophen? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use
c. Non-steroidal anti-inflammatory drugs or NSAIDS? Here are some examples. Supply prompt card. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use
d. ACE inhibitors? These medications are used to treat high blood pressure or congestive heart failure. Here are some examples. Supply prompt card. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use
e. alpha blockers? These medications are used to treat high blood pressure or urinary obstruction caused by an enlarged prostate. Here are some examples. Supply prompt card. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use
f. testosterone replacement using pills, injections, patches, or gel? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use
g. estrogens? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use

These next questions ask about cholesterol lowering drugs.

B7. Prior to <reference month> , have you ever regularly taken...	B8. When was the first time you regularly used...	B9. When was the last time you regularly used...
h. Lipitor <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use
i. Lovastatin or Mevacor <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use
j. Simvastatin or Zocor <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use
k. other medications to lower your cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No If No go to B10.		
l. If yes: What other medications did you use regularly? i) _____	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use
m. ii) _____	_____ Year OR _____ Age	_____ Year OR _____ Age <input type="checkbox"/> still use

Thank you. Now I am going to ask about medical procedures you may have had before **<reference month>**.

B10. Prior to <reference month> , have you ever had	B11. When did you first have... (Ask regarding 2 nd occurrence as well) Did you have...again? When?	B12. Why did you have the procedure? (Ask regarding 2 nd occurrence as well) Why did you have the procedure this time?
a. abdominal surgery? For example to remove a gall bladder or an appendix. <input type="checkbox"/> Yes <input type="checkbox"/> No	1. _____ Year OR _____ Age specify: _____	_____ _____
b. a transurethral resection of the prostate or TURP? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. _____ Year OR _____ Age specify: _____	_____ _____
c. prostate heat therapy such as microwave therapy, radiofrequency therapy, electrovaporization, or laser therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. _____ Year OR _____ Age 2. _____ Year OR _____ Age	_____ _____
d. a vasectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. _____ Year OR _____ Age 2. _____ Year OR _____ Age	_____ _____
e. a circumcision? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. _____ Year OR _____ Age 2. _____ Year OR _____ Age	_____ _____

Thank you. That is the end of the list of medical procedures. Next, I am going to ask about a blood test used to check for prostate cancer. It is sometimes called the PSA test.

B13. **Cases:** Prior to **<surgery/biopsy date>**, have you ever had a blood test to check for prostate cancer?

Controls: Have you ever had a blood test to check for prostate cancer?

☐ Yes ☐ No

If No, DK, or Ref go to B17.

I would like to know more about your PSA tests. Let's start with the most recent and work backwards in time.

B14. When was your (most /next most) recent test?	B15. Do you remember whether your doctor said the test was normal or elevated?	B16. Do you remember the actual level?
a. ____ Year ____ Month OR ____ Age	<input type="checkbox"/> Normal <input type="checkbox"/> Elevated <input type="checkbox"/> DK	____ ng/ml <input type="checkbox"/> DK
b. ____ Year ____ Month OR ____ Age	<input type="checkbox"/> Normal <input type="checkbox"/> Elevated <input type="checkbox"/> DK	____ ng/ml <input type="checkbox"/> DK
c. ____ Year ____ Month OR ____ Age	<input type="checkbox"/> Normal <input type="checkbox"/> Elevated <input type="checkbox"/> DK	____ ng/ml <input type="checkbox"/> DK
d. ____ Year ____ Month OR ____ Age	<input type="checkbox"/> Normal <input type="checkbox"/> Elevated <input type="checkbox"/> DK	____ ng/ml <input type="checkbox"/> DK
e. ____ Year ____ Month OR ____ Age	<input type="checkbox"/> Normal <input type="checkbox"/> Elevated <input type="checkbox"/> DK	____ ng/ml <input type="checkbox"/> DK
f. ____ Year ____ Month OR ____ Age	<input type="checkbox"/> Normal <input type="checkbox"/> Elevated <input type="checkbox"/> DK	____ ng/ml <input type="checkbox"/> DK

Thank you. Now I am going to ask about all cancers or tumours you may have had diagnosed by a doctor.

Cases: Have you ever been diagnosed with cancer other than prostate cancer?

☐ Yes ☐ No

Controls: Have you ever been diagnosed with cancer?

If No go to B19.

B17. What type of cancer did a doctor say you had? Let's start with the most recent and work backwards in time.

(Record answer verbatim)

a. _____

b. _____

c. _____

d. _____

e. _____

B18. When was this first diagnosed?

(After completing B18, prompt to report any other cancers or tumours)

_____ Age OR _____ Year

_____ Age OR _____ Year

_____ Age OR _____ Year

_____ Age OR _____ Year

_____ Age OR _____ Year

Use end pages if more space needed.

Thank you. That's the end of the questions about your medical history. Now, we are going to move on to your family history. I have some questions about your biological father, brothers, and sons.

If respondent states that they were adopted, ask if they have any information about their biological father or full brothers. If so, continue. If not, check here ☐ and go to B26.

Let's start with your biological father.

B19.	QUESTION	FATHER
a.	Do you have any information about your father?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B20.</i>
b.	What year was he born?	_____ Year
c.	Is he still living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	<i>If no:</i> What year did he die?	_____ Year
e.	Did he ever have cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B20.</i>
f.	<i>If yes:</i> What type(s) of cancer did he have? <i>Use end pages if more space needed.</i>	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____
g.	When was the cancer diagnosed?	#1: _____ Age OR _____ Year #2: _____ Age OR _____ Year

Now let's move on to your full brothers. These are brothers who have the same biological parents as you.

How many full brothers do you have? **If zero go to B26.**

If more than one: I will now ask you questions about each full brother, beginning with the oldest.

If one: I am now going to ask you questions about your full brother.

QUESTION	B20. Brother #1	B21. Brother #2	B22. Brother #3
a. Do you have any information about your ____ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B21.	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B22.	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B23.
b. What year was he born?	_____Year	_____Year	_____Year
c. Is he still living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If no: In what year did he die?	_____Year	_____Year	_____Year
e. Did he ever have cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B21.	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B22.	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B23.
f. If yes: What type(s) of cancer did he have? Use end pages if more space needed	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____
g. When was the cancer diagnosed?	#1: _____Age OR _____Year #2: _____Age OR _____Year	#1: _____Age OR _____Year #2: _____Age OR _____Year	#1: _____Age OR _____Year #2: _____Age OR _____Year

QUESTION	B23. Brother #4	B24. Brother #5	B25. Brother #6
a. Do you have any information about your ____ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B24.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B25.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B26.</i>
b. What year was he born?	_____Year	_____Year	_____Year
c. Is he still living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If no: In what year did he die?	_____Year	_____Year	_____Year
e. Did he ever have cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B24.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B25.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B26.</i>
f. If yes: What type(s) of cancer did he have? Use end pages if more space needed	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____
g. When was the cancer diagnosed?	#1: _____Age OR _____Year #2: _____Age OR _____Year	#1: _____Age OR _____Year #2: _____Age OR _____Year	#1: _____Age OR _____Year #2: _____Age OR _____Year

Use end pages if subject has more than 6 biological brothers.

Lastly, we will talk about biological sons.

How many biological sons do you have? **If zero go to Section C.**

If more than one: I will now ask you questions about each biological son, beginning with the oldest.

If one: I will now ask you questions about your biological son.

QUESTION	B26. Son #1	B27. Son #2	B28. Son #3
a. Do you have any information about your ____ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B27.	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B28.	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B29.
b. What year was he born?	_____ Year	_____ Year	_____ Year
c. Is he still living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If no: In what year did he die?	_____ Year	_____ Year	_____ Year
e. Did he ever have cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B27.	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B28.	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, DK or Ref go to B29.
f. If yes: What type(s) of cancer did he have? Use end pages if more space needed	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____
g. When was the cancer diagnosed?	#1: _____ Age OR _____ Year #2: _____ Age OR _____ Year	#1: _____ Age OR _____ Year #2: _____ Age OR _____ Year	#1: _____ Age OR _____ Year #2: _____ Age OR _____ Year

QUESTION	B29. Son#4	B30. Son#5	B31. Son#6
a. Do you have any information about your ____ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B30.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B31.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to Section C.</i>
b. What year was he born?	_____Year	_____Year	_____Year
c. Is he still living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. <i>If no:</i> In what year did he die?	_____Year	_____Year	_____Year
e. Did he ever have cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B30.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to B31.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to Section C.</i>
f. <i>If yes:</i> What type(s) of cancer did he have? <i>Use end pages if more space needed</i>	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____
g. When was the cancer diagnosed?	#1: _____Age OR _____Year #2: _____Age OR _____Year	#1: _____Age OR _____Year #2: _____Age OR _____Year	#1: _____Age OR _____Year #2: _____Age OR _____Year

Use end pages if subject has more than 6 biological sons.

SECTION C

DIET

The next series of questions will ask about your diet 10 YEARS AGO. For each food, I will ask how often you ate it as well as how it was cooked. Some of the common methods of cooking we are looking at include: pan frying, deep fat frying, oven-broiling, baking, and grilling. Please consider all the times you ate the food including at home, at work, when visiting, in a restaurant, or as take-out.

I would like you to use this scale when answering how often you ate the food.

Provide prompt card.

C1. We will start by asking about HAMBURGERS or CHEESEBURGERS														
	Never	Less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving Size	C1A2. What was your usual serving size?		
a. Ten years ago, how often did you eat hamburgers or cheeseburgers? <i>If 'never', go to C2.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or 4 oz. patty	S	M	L
											specify: _____			
		1. Ten years ago, when you ate hamburgers or cheeseburgers, were they ever <method> ? <i>Provide prompt card. Use marker to cross out methods not used.</i>						2. Ten years ago, when you ate hamburgers or cheeseburgers, what portion of the time were they <method> ? <i>Only ask for methods used. Use marker to write proportion(s) or percentage(s) on prompt card.</i>						
b. pan fried	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
c. grilled or barbecued	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
d. oven-broiled	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
e. cooked another way	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
f. <i>If cooked another way:</i> Can you describe how they were cooked?	<div>_____</div> <div>_____</div> <div>_____</div>													
g. Ten years ago, when you ate hamburgers or cheeseburgers, how well done were they usually cooked?	<input type="checkbox"/> Rare <input type="checkbox"/> Medium-rare <input type="checkbox"/> Medium <input type="checkbox"/> Medium-well <input type="checkbox"/> Well-done <input type="checkbox"/> Very well-done <input type="checkbox"/> DK													
h. Ten years ago, when you ate hamburgers or cheeseburgers, what proportion of the time were they marinated before being cooked?	<input type="checkbox"/> Always <input type="checkbox"/> About 75% <input type="checkbox"/> About 50% <input type="checkbox"/> About 25% <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> DK													
ARITHMETIC CHECK DONE <input type="checkbox"/> (Goal is 100%)														

C2. The next food is BEEF STEAKS														
	Never	Less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving Size	C2A2. What was your usual serving size?		
a. Ten years ago, how often did you eat beef steaks? <i>If 'never', go to C3.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 oz.	S	M	L
											specify: _____			
		1. Ten years ago, when you ate beef steaks, were they ever <method> ? <i>Provide prompt card. Use marker to cross out methods not used.</i>						2. Ten years ago, when you ate beef steaks, what portion of the time were they <method> ? <i>Only ask for methods used. Use marker to write proportion(s) or percentage(s) on prompt card.</i>						
b. pan fried	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
c. grilled or barbecued	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
d. oven-broiled	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
e. cooked another way	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
f. If cooked another way: Can you describe how they were cooked?	<div>_____</div> <div>_____</div> <div>_____</div>													
g. Ten years ago, when you ate beef steaks, how well done were they usually cooked?	<div><input type="checkbox"/> Rare <input type="checkbox"/> Medium-well <input type="checkbox"/> DK</div> <div><input type="checkbox"/> Medium-rare <input type="checkbox"/> Well-done</div> <div><input type="checkbox"/> Medium <input type="checkbox"/> Very well-done</div>													
h. Ten years ago, when you ate beef steaks, what proportion of the time were they marinated before being cooked?	<div><input type="checkbox"/> Always <input type="checkbox"/> About 25% <input type="checkbox"/> DK</div> <div><input type="checkbox"/> About 75% <input type="checkbox"/> Rarely</div> <div><input type="checkbox"/> About 50% <input type="checkbox"/> Never</div>													
ARITHMETIC CHECK DONE <input type="checkbox"/> (Goal is 100%)														

C3. The next food is PORK CHOPS														
	Never	Less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving Size	C3A2. What was your usual serving size?		
a. Ten years ago, how often did you eat pork chops? <i>If 'never', go to C4.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 chops	S	M	L
											specify: _____			
		1. Ten years ago, when you ate pork chops, were they ever <method>? Provide prompt card. Use marker to cross out methods not used.						2. Ten years ago, when you ate pork chops, what portion of the time were they <method>? Only ask for methods used. Use marker to write proportion(s) or percentage(s) on prompt card.						
b. pan fried	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
c. grilled or barbecued	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
d. oven-broiled	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
e. baked or roasted	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
f. cooked another way	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
g. If cooked another way: Can you describe how they were cooked?	<div>_____</div> <div>_____</div> <div>_____</div>													
h. Ten years ago, when you ate pork chops, how well done were they usually cooked?	<input type="checkbox"/> Just until done <input type="checkbox"/> DK <input type="checkbox"/> Well-done <input type="checkbox"/> Very well-done													
i. Ten years ago, when you ate pork chops, what proportion of the time were they marinated before being cooked?	<input type="checkbox"/> Always <input type="checkbox"/> About 25% <input type="checkbox"/> DK <input type="checkbox"/> About 75% <input type="checkbox"/> Rarely <input type="checkbox"/> About 50% <input type="checkbox"/> Never													
ARITHMETIC CHECK DONE <input type="checkbox"/> (Goal is 100%)														

C4. The next food is HAM. For these questions, do not include deli-ham or lunch meats.														
	Never	Less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving Size	C4A2. What was your usual serving size?		
a. Ten years ago, how often did you eat ham? <i>If 'never', go to C5.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 oz.	S	M	L
											specify: _____			
		1. Ten years ago, when you ate ham, was it ever <method> ? <i>Provide prompt card. Use marker to cross out methods not used.</i>						2. Ten years ago, when you ate ham, what portion of the time was it <method> ? <i>Only ask for methods used. Use marker to write proportion(s) or percentage(s) on prompt card.</i>						
b. pan fried	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
c. grilled or barbecued	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
d. oven-broiled	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
e. baked or roasted	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
f. cooked another way	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
g. <i>If cooked another way:</i> Can you describe how it was cooked?	<div></div> <div></div> <div></div> <div></div>													
h. Ten years ago, when you ate ham, how well done was it usually cooked?	<input type="checkbox"/> Just until done <input type="checkbox"/> DK <input type="checkbox"/> Well-done <input type="checkbox"/> Very well-done													
ARITHMETIC CHECK DONE <input type="checkbox"/> (Goal is 100%)														

C5. The next food is BACON														
	Never	Less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving Size	C5A2. What was your usual serving size?		
a. Ten years ago, how often did you eat bacon? <i>If 'never', go to C6.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 strips	S	M	L
											specify: _____			
	1. Ten years ago, when you ate bacon, was it ever <method> ? <i>Provide prompt card. Use marker to cross out methods not used.</i>						2. Ten years ago, when you ate bacon, what portion of the time was it <method> ? <i>Only ask for methods used. Use marker to write proportion(s) or percentage(s) on prompt card.</i>							
b. pan fried	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
c. oven-broiled	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
d. cooked another way	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
e. <i>If cooked another way:</i> Can you describe how it was cooked?														
f. Ten years ago, when you ate bacon, how well done was it usually cooked?	<input type="checkbox"/> Just until done <input type="checkbox"/> DK <input type="checkbox"/> Well-done or crisp <input type="checkbox"/> Charred													
ARITHMETIC CHECK DONE <input type="checkbox"/> (Goal is 100%)														

C6. The next food is BREAKFAST SAUSAGE. When answering these questions, DO NOT include other types of sausage such as Italian, Polish, or Bratwurst.														
	Never	Less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving Size	C6A2. What was your usual serving size?		
a. Ten years ago, how often did you eat breakfast sausage? <i>If 'never', go to C7</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 links or 2 patties	S	M	L
											specify: _____			
		1. Ten years ago, when you ate breakfast sausage, was it ever <method> ? <i>Provide prompt card. Use marker to cross out methods not used.</i>						2. Ten years ago, when you ate breakfast sausage, what portion of the time was it <method> ? <i>Only ask for methods used. Use marker to write proportion(s) or percentage(s) on prompt card.</i>						
b. pan fried	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
c. grilled or barbequed	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
d. oven-broiled	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
e. cooked another way	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
f. <i>If cooked another way:</i> Can you describe how it was cooked?														
g. Ten years ago, when you ate breakfast sausage, how well done was it usually cooked?	<input type="checkbox"/> Just until done <input type="checkbox"/> DK <input type="checkbox"/> Well-done or crisp <input type="checkbox"/> Charred													
ARITHMETIC CHECK DONE <input type="checkbox"/> (Goal is 100%)														

C7. The next food is CHICKEN or TURKEY. Although there are many ways to cook chicken or turkey, these next questions ask about FRIED CHICKEN or TURKEY, excluding stir-fried. We will ask about other ways of cooking chicken or turkey, including stir-frying, in the next section.														
	Never	Less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving Size	C7A2. What was your usual serving size?		
a. Ten years ago, how often did you eat fried chicken or turkey? <i>If 'never', go to C8.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 small or 1 large piece	S	M	L
	specify: _____													
	1. Ten years ago, when you ate fried chicken or turkey, was it ever <method>? <i>Provide prompt card. Use marker to cross out methods not used.</i>							2. Ten years ago, when you ate fried chicken or turkey, what portion of the time was it <method>? <i>Only ask for methods used. Use marker to write proportion(s) or percentage(s) on prompt card.</i>						
b. deep fat fried or fast food	<input type="checkbox"/> Yes <input type="checkbox"/> No							_____ proportion OR _____ %						
c. pan fried	<input type="checkbox"/> Yes <input type="checkbox"/> No							_____ proportion OR _____ %						
d. fried another way	<input type="checkbox"/> Yes <input type="checkbox"/> No							_____ proportion OR _____ %						
e. If fried another way: Can you describe how it was fried?														
f. Ten years ago, when you ate fried chicken or turkey, how well done was it usually cooked?	<input type="checkbox"/> Just until done <input type="checkbox"/> DK <input type="checkbox"/> Well-done <input type="checkbox"/> Very well-done													
ARITHMETIC CHECK DONE <input type="checkbox"/> (Goal is 100%)														

C8. That's all for fried chicken or turkey. Now we are going to talk about other ways of cooking CHICKEN or TURKEY. When you answer these questions, do not include FRIED CHICKEN or TURKEY.														
	Never	Less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving Size	C8A2. What was your usual serving size?		
a. Ten years ago, how often did you eat chicken or turkey that was not fried? <i>If 'never', go to C9.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 small or 1 large piece	S	M	L
											specify: _____			
		1. Ten years ago, when you ate chicken or turkey, was it ever <method>? Provide prompt card. Use marker to cross out methods not used.						2. Ten years ago, when you ate chicken or turkey that was not fried, what portion of the time was it <method>? Only ask for methods used. Use marker to write proportion(s) or percentage(s) on prompt card.						
b. baked or roasted	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
c. stewed	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
d. oven-broiled	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
e. grilled or barbecued	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
f. cooked another way	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
g. If cooked another way: Can you describe how it was cooked?	<div>_____</div> <div>_____</div> <div>_____</div>													
h. Ten years ago, when you ate chicken or turkey that was not fried, how well done was it usually cooked?	<input type="checkbox"/> Just until done <input type="checkbox"/> Very well-done <input type="checkbox"/> DK <input type="checkbox"/> Well-done													
i. Ten years ago, when you ate chicken or turkey that was not fried, what proportion of the time was it marinated before being cooked?	<input type="checkbox"/> Always <input type="checkbox"/> About 25% <input type="checkbox"/> DK <input type="checkbox"/> About 75% <input type="checkbox"/> Rarely <input type="checkbox"/> About 50% <input type="checkbox"/> Never													
ARITHMETIC CHECK DONE <input type="checkbox"/> (Goal is 100%)														

C9. The next food is cooked FISH including cooked shell fish. For these questions, do not include raw fish such as sushi, or tuna and sardines eaten straight from the can.														
	Never	Less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving Size	C9A2. What was your usual serving size?		
a. Ten years ago, how often did you eat cooked fish? <i>If 'never', go to C10.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 pieces or 4 oz	S	M	L
											specify: _____			
	1. Ten years ago, when you ate cooked fish, was it ever <method> ? <i>Provide prompt card. Use marker to cross out methods not used.</i>							2. Ten years ago, when you ate cooked fish, what portion of the time was it <method> ? <i>Only ask for methods used. Use marker to write proportion(s) or percentage(s) on prompt card.</i>						
b. pan fried	<input type="checkbox"/> Yes <input type="checkbox"/> No							_____ proportion OR _____ %						
c. deep fat fried or fast food	<input type="checkbox"/> Yes <input type="checkbox"/> No							_____ proportion OR _____ %						
d. grilled or barbecued	<input type="checkbox"/> Yes <input type="checkbox"/> No							_____ proportion OR _____ %						
e. oven-broiled	<input type="checkbox"/> Yes <input type="checkbox"/> No							_____ proportion OR _____ %						
f. baked or roasted	<input type="checkbox"/> Yes <input type="checkbox"/> No							_____ proportion OR _____ %						
g. cooked another way	<input type="checkbox"/> Yes <input type="checkbox"/> No							_____ proportion OR _____ %						
h. <i>If cooked another way:</i> Can you describe how it was cooked?	<div></div> <div></div> <div></div> <div></div>													
ARITHMETIC CHECK DONE <input type="checkbox"/> (Goal is 100%)														

C10. The last food is GRAVY.														
	Never	Less than once per month	1 per mon	2-3 per mon	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium Serving Size	C10A2. What was your usual serving size?		
a. Ten years ago, how often did you eat gravy? <i>If 'never', go to Section D</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Tbsp	S	M	L
											specify: _____			
	1. Ten years ago, when you ate gravy, was it ever made from <method> ? <i>Provide prompt card. Use marker to cross out methods not used.</i>						2. Ten years ago, when you ate gravy, what portion of the time was it made from <method> ? <i>Only ask for methods used. Use marker to write proportion(s) or percentage(s) on prompt card.</i>							
b. meat drippings	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
c. store bought cans or bottles	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
d. store bought packets	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
e. another way	<input type="checkbox"/> Yes <input type="checkbox"/> No						_____ proportion OR _____ %							
f. <i>If made another way:</i> Can you describe how it was made?	<div></div> <div></div> <div></div>													
ARITHMETIC CHECK DONE <input type="checkbox"/> (Goal is 100%)														

SECTION D ALCOHOL

Thank you. You are doing great! We have now past the halfway point. This would be a good time to take a break if you need one.

Let subject decide if they need a break.

Now I am going to ask about your drinking of alcoholic beverages over your entire life.

D1. Have you had at least 12 drinks of alcoholic beverages over your entire life?
(One drink is one 12 oz bottle or can of beer OR one 4 oz glass of wine OR one shot of hard liquor)

☐ Yes ☐ No ☐ DK ☐ Ref

If "No" or "Refused" go to Section E.

QUESTION	D2. BEER (one 12 oz bottle or can)	D3. WINE (one 4 oz glass) <i>Remind subject to exclude wine coolers.</i>	D4. HARD LIQUOR (one shot)
a. Has there ever been a period when you drank at least <insert serving size> of _____ per month for six months or longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to D3.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to D4.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to Section E.</i>
b. How old were you when you first started drinking _____ regularly, that is at least <insert serving size> per month?	_____ Age OR _____ Year	_____ Age OR _____ Year	_____ Age OR _____ Year
c. Do you still drink _____ regularly now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. <i>If no:</i> When did you stop drinking _____ regularly?	_____ Age OR _____ Year	_____ Age OR _____ Year	_____ Age OR _____ Year

Questions for beer, wine and hard liquor continue on the next page...

QUESTION	D2. BEER (one 12 oz bottle or can)	D3. WINE (one 4 oz glass) <i>Remind subject to exclude wine coolers.</i>	D4. HARD LIQUOR (one shot)
e. During all the years you drank _____ regularly, about how much did you usually drink per day, week, month, or year?	<p>_____ per day</p> <p>_____ per week</p> <p>_____ per month</p> <p>_____ per year</p> <p>Mark which unit you're using:</p> <p><input type="checkbox"/> Bottles/cans: _____ oz</p> <p><input type="checkbox"/> Millilitres</p> <p><input type="checkbox"/> Half-litres</p> <p><input type="checkbox"/> Litres</p> <p><input type="checkbox"/> Ounces</p> <p><input type="checkbox"/> Gills</p> <p><input type="checkbox"/> Half-pints</p> <p><input type="checkbox"/> Pints</p> <p><input type="checkbox"/> Fifths</p> <p><input type="checkbox"/> Half-quarts</p> <p><input type="checkbox"/> Quarts</p> <p><input type="checkbox"/> Half-gallons</p> <p><input type="checkbox"/> Gallons</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____ per day</p> <p>_____ per week</p> <p>_____ per month</p> <p>_____ per year</p> <p>Mark which unit you're using:</p> <p><input type="checkbox"/> Glasses: _____ oz</p> <p>_____ ml</p> <p>_____ dl</p> <p><input type="checkbox"/> Millilitres</p> <p><input type="checkbox"/> Half-litres</p> <p><input type="checkbox"/> Litres</p> <p><input type="checkbox"/> Ounces</p> <p><input type="checkbox"/> Gills</p> <p><input type="checkbox"/> Half-pints</p> <p><input type="checkbox"/> Pints</p> <p><input type="checkbox"/> Fifths</p> <p><input type="checkbox"/> Half-quarts</p> <p><input type="checkbox"/> Quarts</p> <p><input type="checkbox"/> Half-gallons</p> <p><input type="checkbox"/> Gallons</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____ per day</p> <p>_____ per week</p> <p>_____ per month</p> <p>_____ per year</p> <p>Mark which unit you're using:</p> <p><input type="checkbox"/> Shots or mixed drinks</p> <p><input type="checkbox"/> Millilitres</p> <p><input type="checkbox"/> Half-litres</p> <p><input type="checkbox"/> Litres</p> <p><input type="checkbox"/> Ounces</p> <p><input type="checkbox"/> Gills</p> <p><input type="checkbox"/> Half-pints</p> <p><input type="checkbox"/> Pints</p> <p><input type="checkbox"/> Fifths</p> <p><input type="checkbox"/> Half-quarts</p> <p><input type="checkbox"/> Quarts</p> <p><input type="checkbox"/> Half-gallons</p> <p><input type="checkbox"/> Gallons</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Questions for beer, wine and hard liquor continue on the next page...

QUESTION	D2. BEER (one 12 oz bottle or can)	D3. WINE (one 4 oz glass) <i>Remind subject to exclude wine coolers.</i>	D4. HARD LIQUOR (one shot)
f. Were there periods when you gave up drinking _____ for at least 12 months and then took it up again?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to D3.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to D4.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to Section D4h.</i>
g. <i>If yes:</i> <i>Record details about stop and start times for each period.</i> <i>Use end pages if more space needed.</i>	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____ _____	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____ _____	#1: _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____ _____
h. Over your entire life, what type of hard liquor did you drink most often? <i>Mark two types of liquor if subject drank both equally.</i>			<input type="checkbox"/> Brandy <input type="checkbox"/> Bourbon <input type="checkbox"/> Gin <input type="checkbox"/> Rum <input type="checkbox"/> Scotch <input type="checkbox"/> Tequila <input type="checkbox"/> Vodka <input type="checkbox"/> Whiskey <input type="checkbox"/> Other (specify): _____ _____ _____

SECTION E TOBACCO USE

Thank you. Now I am going to ask about your cigarette smoking over your entire life.

E1. QUESTION	CIGARETTES
a. Have you smoked at least 100 cigarettes in your entire life?	<div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <i>If No or Ref go to Section F.</i> </div>
b. Has there ever been a period when you smoked cigarettes regularly, that is at least once a week?	<div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to Section F.</i> </div>
c. How old were you when you first started smoking cigarettes regularly?	____ Age OR ____ Year
d. Do you still smoke cigarettes regularly now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. <i>If no:</i> When did you stop smoking cigarettes regularly?	____ Age OR ____ Year
f. During all the years you smoked cigarettes regularly, about how many did you smoke per day on average?	____ cigarettes per day
g. Were there periods when you gave up smoking for at least 12 months and then took it up again?	<div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, DK or Ref go to Section F.</i> </div>
h. <i>If yes:</i> <i>Record details about stop and start times for each period.</i> <i>Use end pages if more space needed.</i>	<div> #1: _____ _____ _____ _____ _____ _____ #2: _____ _____ _____ _____ _____ _____ </div>

SECTION F

SUNLIGHT EXPOSURE

The next few questions are about your exposure to sunlight. This can be a hard thing for many people to remember. We all are in and out of sunlight all the time. We also change our lifestyle over the years, taking part in more or fewer outdoor activities, winter vacations, and so on. I am not asking you to give a detailed account of your sunlight exposure over your whole life. Rather, I am just looking for an estimate of your sunlight exposure, on average. So, with that in mind, let's get going.

	F1. Between age <age group>... OR Since age 60... about how many hours per week did you spend outdoors in the winter months, that is between October and March?	F2. Between age <age group>... OR Since age 60... about how many hours per week did you spend outdoors in the summer months, that is between April and September?	F3. Between age <age group>... OR Since age 60... how often did you sunbathe? Was it... Read categories to subject.	F4. Between age <age group>... OR Since age 60... when out in the sun, how much of the time did you use sun protection such as sunscreen, a wide-brimmed hat, or long sleeved shirt? Was it Read categories to subject.						
			<div style="display: flex; justify-content: space-between; padding: 0 5px;"> Never Once or twice a week More than once a week Every day </div>	<div style="display: flex; justify-content: space-between; padding: 0 5px;"> Never Less than half the time Half the time Most of the time </div>						
a. 20 & 39	_____ hrs/wk	_____ hrs/wk								
b. 40 & 59	_____ hrs/wk	_____ hrs/wk								
c. 60 or older	_____ hrs/wk	_____ hrs/wk								
<input type="checkbox"/> NA										

F5.	In how many of the past 10 years have you taken a holiday of at least one week in a region with a mostly hot and sunny climate?	_____ years (0 to 10)
F6.	Prior to <reference month> , had you ever lived continuously, for at least six months, in a region with a mostly hot and sunny climate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F7.	Prior to <reference month> , what proportion of your working life was spent outdoors while you were doing your job?	_____ % <input type="checkbox"/> Never worked
F8.	Prior to <reference month> , about how many times, in total, have you used a tanning bed, sunbed, or sunlamp?	_____ times
<p>If subject is an albino, check <input type="checkbox"/> and go to section G.</p> <p>Next, I would like to determine your sensitivity to sunlight.</p>		
F9.	Which one of these colours best represents the colour of your skin on the inner, upper part of your arm?	<input type="checkbox"/> black <input type="checkbox"/> dark olive <input type="checkbox"/> fair <input type="checkbox"/> brown <input type="checkbox"/> light olive <input type="checkbox"/> very fair
Provide prompt card.		
F10.	If your skin was exposed to strong sunlight for the first time in summer for one hour without sunscreen, would you....	<input type="checkbox"/> Get a severe sunburn with blistering? <input type="checkbox"/> Have a painful sunburn for a few days followed by peeling? <input type="checkbox"/> Get mildly burnt followed by some degree of tanning? <input type="checkbox"/> Go brown without sunburn? <input type="checkbox"/> DK
F11.	After repeated and prolonged exposure to sunlight without sunscreen, would your skin become.....	<input type="checkbox"/> Very brown and deeply tanned? <input type="checkbox"/> Moderately tanned? <input type="checkbox"/> Only mildly tanned due to a tendency to peel? <input type="checkbox"/> Only freckled or no suntan at all? <input type="checkbox"/> DK
F12.	May I see the colour of your eyes?	<input type="checkbox"/> brown <input type="checkbox"/> green <input type="checkbox"/> gray <input type="checkbox"/> hazel <input type="checkbox"/> blue
F13.	What was your natural hair colour when you were a teenager?	<input type="checkbox"/> black <input type="checkbox"/> light brown <input type="checkbox"/> red <input type="checkbox"/> dark brown <input type="checkbox"/> blonde/fair





SECTION G

HAIR PATTERN

Thank you. We just have two brief sections to go. First, I am going to ask about your hair pattern. Here are some pictures of the most common types of hair patterns. Each hair pattern has two views: the side and top.

Provide prompt card.

G1. Which pair best represented your hair pattern at age:

a.	20		_____Pattern
b.	30		_____Pattern
c.	40		_____Pattern
d.	50	 NA	_____Pattern
e.	60	 NA	_____Pattern
f.	70	 NA	_____Pattern
g.	80	 NA	_____Pattern

Sometimes things happen which change one's hair pattern, such as shaving your head, hair transplants, chemotherapy or radiation therapy.

G2. When you were <AGE> years old, were there any factors affecting your hair pattern?		
a. 20	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What were those factors? _____ _____
b. 30	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What were those factors? _____ _____
c. 40	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What were those factors? _____ _____
d. 50 <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What were those factors? _____ _____
e. 60 <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What were those factors? _____ _____
f. 70 <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What were those factors? _____ _____
g. 80 <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What were those factors? _____ _____

SECTION H GENERAL

We are almost done. The last questions are about your background. I am going to start by asking about your ethnic background and that of your parents. By ethnic background I mean your origin or ancestry. Here is a list of ethnic backgrounds.

Provide prompt card.

What do you consider to be _____ ethnic background? You can select more than one category if you want.	H1. Your	H2. Your Biological Father's	H3. Your Biological Mother's
a. European <i>(Swedish, Norwegian, Danish, French, British, Italian, Spaniard, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asian or Pacific Islander <i>(Filipino, Indonesian, Japanese, Korean, Chinese, Indian, Pakistani, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. African American or African Ancestry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Arab <i>(Afghan, Iranian, Iraqi, Lebanese, Israeli, Syrian, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Aboriginal or Indigenous <i>(North American Indian, Métis, Inuit/Eskimo)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Latin American <i>(Mexican, Central and South American)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Oceanian <i>(Australian, New Zealander, Melanesian, Micronesian, Polynesian)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Ref	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H4. In what country were you born?	<hr/> <hr/> <hr/>
H5. <i>If not in Canada:</i> When did you immigrate to Canada?	<hr/> Age OR <hr/> Year
H6. What language did you first learn to speak as a child?	<hr/> <hr/> <hr/>
H7. What language did your biological father first learn to speak as a child?	<hr/> <hr/>
H8. Is your biological father fluent in another language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H9. <i>If yes:</i> What other languages is your biological father fluent in? Let's list them in order of fluency starting with the most fluent.	1. <hr/> 2. <hr/> 3. <hr/>
H10. What language did your biological mother first learn to speak as a child?	<hr/> <hr/>
H11. Is your biological mother fluent in another language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H12. <i>If yes:</i> What other languages is your biological mother fluent in? Let's list them in order of fluency starting with the most fluent.	1. <hr/> 2. <hr/> 3. <hr/>

Now we are going to finish with some general questions that will allow us to group your answers with people like you.

H13. What is your present marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Living as married or common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married <input type="checkbox"/> DK <input type="checkbox"/> Refused
H14. Which one of these categories best represents your level of schooling? <i>Provide prompt card.</i>	<input type="checkbox"/> Never attended school/kindergarten only <input type="checkbox"/> Up to grade 7 <input type="checkbox"/> Completed grade 8 <input type="checkbox"/> Some highschool <input type="checkbox"/> Completed highschool <input type="checkbox"/> Vocational, technical or business training <input type="checkbox"/> Some college <input type="checkbox"/> Graduated from college <input type="checkbox"/> Some university undergrad. courses <input type="checkbox"/> Undergraduate degree <input type="checkbox"/> Some university graduate courses <input type="checkbox"/> Graduate degree <input type="checkbox"/> DK <input type="checkbox"/> Ref

We are done! Thank you very much for taking the time to complete this interview. Your participation is sincerely appreciated.